

NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions)
This form should be filed after the Committee qualifies as a multicandidate committee.

1. (a) NAME OF COMMITTEE IN FULL VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		
(b) Number and Street Address PO BOX 295		2. FEC IDENTIFICATION NUMBER C00553560
(c) City, State and ZIP Code CHRISTIANSTED VI 00821		3. TYPE OF COMMITTEE (check one) <input checked="" type="checkbox"/> STATE PARTY <input type="checkbox"/> OTHER

I certify that **one** of the following situations is correct (complete line 4 *or* 5):

4. STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM 1) on _____ and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: _____
FEC Identification Number: _____.

5. STATUS BY QUALIFICATION:

(a) Candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):

	Name	Office Sought	State/District	Date
(i)	T W SHANNON	Senate	OK 00	03/28/2014
(ii)	MIA LOVE	House	UT 04	04/29/2014
(iii)	ALEXANDER XAVIER MOONEY	House	WV 02	04/29/2014
(iv)	NIGER INNIS	House	NV 04	04/29/2014
(v)	BEN SASSE	Senate	NE 00	05/08/2014

- (b) Contributors:** The committee received a contribution from its 51st contributor on: 11/18/2013.
- (c) Registration:** The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 12/13/2013.
- (d) Qualification:** The committee met the above requirements on: 05/08/2014.

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.		
TYPE OR PRINT NAME OF TREASURER SCOTT B MACKENZIE	SIGNATURE OF TREASURER SCOTT B MACKENZIE [Electronically Filed]	DATE 05/18/2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.